

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # N31695

(2)

1. Corporation Name

THE WAY OF DELIVERANCE PRAISE AND WORSHIP CENTER
, INC.

Principal Place of Business

Mailing Address

1945 NW 75 ST
MIAMI FL 33147
US

P.O. BOX 694050
MIAMI FL 33269
US

3. Date Incorporated or Qualified

04/13/1989

4. FEI Number

65-0143035

Applied For

Not Applicable

2. Principal Place of Business

21 1945 NW 75 ST

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33147

Country

25 Dade

2a. Mailing Address

26 P.O. Box 694050

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33269

Country

30 Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PERSON, SARAH
1235 NW 188TH ST.
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PERSON, SARAH
STREET ADDRESS 1235 NW 188TH STREET
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE SD
NAME GOULBOURNE, STEVE
STREET ADDRESS 17710 NW 18TH AVENUE
CITY-ST-ZIP MIAMI FL
☒ DELETE

TITLE D
NAME SAMPSON, JOHANN
STREET ADDRESS 20102 NW 12 CT
CITY-ST-ZIP MIAMI FL 33169
☐ DELETE

TITLE D
NAME SAMPSON, BERRY
STREET ADDRESS 20102 NW 12 CT.
CITY-ST-ZIP MIAMI FL 33169
☐ DELETE

TITLE D
NAME VAN, NATILEE B
STREET ADDRESS 18921 NE MIAMI PL
CITY-ST-ZIP MIAMI FL 33179
☐ DELETE

TITLE D
NAME VAN, VINCENT J
STREET ADDRESS 18921 NE MIAMI PL
CITY-ST-ZIP MIAMI FL 33179
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-7-98 (305) 836-4423

CR2E037 (5/98)